

EDITORIAL

The Scientific Board

AFTER CAREFUL PREPARATION and step-by-step progress over the past three years, the Council of the California Medical Association formally brought into functional operation an important new department of the association, the Scientific Board. The Board will have wide initiative, advisory and directive responsibilities in all the scientific and educational functions of the association. It will have representation in the House of Delegates, and one of its thirty-six members will have a place on the Council. Whether all the members of the Board or only half of them will be seated in the House will be determined by vote in the House of Delegates at this year's annual meeting of our association.

The personnel of the Board was designated by the Council when it accepted the list of nominees submitted through a special committee that had been appointed to consider nominations coming from the 18 C.M.A. Scientific Sections, from the new Forty First Medical Society and from various other well recognized scientific organizations which are not a part of the California Medical Association, but with the provision that any nominee must be a C.M.A. member.

Names of the members of the Scientific Board and of the organizations nominating them are printed on Page 165. A number of committees have been designated to deal in fine with special subjects within the Board's broad scope of interest, among them the Executive Committee and the committees on Scientific Assemblies, on CALIFORNIA MEDICINE, on Continuing Medical Education, on Scientific Information, on Cancer and on Maternal and Child Care. With the exception of the Committee on Cancer, which has not yet been fully formed, the names of committee members are printed on Page 164.

Culminating a study begun some three years ago when leaders of the California Medical Association became disquieted over evidence of flagging interest in the organization as an educational and scientific

instrument, the Scientific Board was designed to invigorate those functions of the association, to coordinate them and to draw them into wholesome accord with related activities carried on by other organizations of recognized stature. The structure of the Board provides a means for cooperative action of elements in the fields of scientific activities and medical education that heretofore have tended to go separate ways largely for want of a plexus of communication. The Board sets up a system of intercommunication among the scientific, educational, clinical, legislative and administrative functions within the California Medical Association and provides a means for relating these functions with pertinent activities of the other organizations that have representation on the Board.

In concept and structure the Scientific Board puts new emphasis on the first stated aim of the medical association: "To promote the science and art of medicine, the protection of the public health and the betterment of the medical profession."

Keogh Preparations

THE LAST CONGRESS, after more than ten years of debate and committee consideration, adopted HR 10, now known as the Keogh Law. The law, in brief, permits self-employed persons to take a tax deduction for a portion of the funds they choose to put away against the day of their retirement.

Congress thus put the self-employed person on a par with his salaried brother, who may enjoy a retirement program for which his employer is allowed to take tax deductions.

Congressman Keogh's bill was adopted despite the opposition of the President and the Secretary of the Treasury, who argued that application of such a law would result in a loss of federal income. The President, reportedly, signed the bill into law for the simple reason that he did not want to face the possibility of loss of White House prestige in an almost-certain overriding of his veto.

On this brief background, professional men are rejoicing over their new freedom to set up personal retirement programs and to be allowed tax deductions in the process. All that is missing is a set of regulations to let these self-employed people know what they may or may not do. One aspect of the law must be remembered: A physician setting up his own retirement program must do the same for employees who have been with him three years or more.

The California Medical Association several months ago realized that the issuance of regulations to govern retirement plans would probably be several months in the making. The Treasury Department must draft such regulations, try them out in public hearings and complete a final draft. All this takes time. The C.M.A. Council, therefore, approved formation of a committee of medical society executives to draft the framework of a suitable statewide program to apply to all members. The thought was not to stifle any individual programs but simply to draft a statewide program which by its very size would bring about operating economies not possible for smaller units of insurance or investment.

Members of the C.M.A. were advised to go slowly in entering into any of the programs held out so glitteringly by salesmen for this or that insurance or investment firm.

The government regulations have not yet been issued. In this respect the caution of the Council has been borne out.

Meanwhile, the Keogh Law is already in effect, as of January first of this year. Any program entered into as late as next December 31 will have all the tax advantages possible, dating back to the first of the year. Physicians wanting to establish a retirement plan in their own offices may wait in confidence for the issuance of federal regulations, knowing that they have until the end of the year to make a plan effective as of the first of the year.

The C.M.A. Council, through its special committee, is now calling attention to the possibility of setting aside retirement funds now, to be applied to a program to be entered into later. The physician who plans to set up a retirement program under the terms of the Keogh Law may find it much easier to estimate his costs now and set aside regular sums during the balance of the year rather than wait for the year-end and be faced with the need to develop a large sum of money at one time.

The Council's original suggestion—go slow—still holds. To it may now be added: Plan now for a later retirement plan application. The retirement you insure is your own.

COMMITTEES OF THE SCIENTIFIC BOARD

Members may not serve on more than three committees

EXECUTIVE

7 members—2 from Council; 1 Editor, ex-officio. Including the Chairman of Committee on Continuing Medical Education and Chairman of Committee on Scientific Assemblies. No more than two from any discipline.

Edward B. Shaw, Chairman, S. F.
 Victor Richards, S. F. George C. Griffith, L. A.
 Albert C. Daniels, S. F. Clayton Loosli, L. A.
 L. H. Garland, S. F. Wm. Belford, San Diego
 Lewis T. Bullock, L. A., C.M.A. Council
 Malcolm S. M. Watts, S. F., C.M.A. Council
 Dwight L. Wilbur, Editor, ex-officio

SCIENTIFIC ASSEMBLIES

9 members—including Chairman of Committee on Continuing Medical Education.

Victor Richards, S. F., Chairman
 George C. Griffith, L. A. J. G. Moore, L. A.
 Lowell Rantz, Palo Alto Wm. P. Longmire, Jr., L. A.
 John B. deC. M. Saunders, S. F. John Dillon, L. A.
 Albert C. Daniels, S. F. (Chmn. Committee on Continuing Education)
 Alternates: Jerome Bettman, S. F., Knox Finley, S. F.

CALIFORNIA MEDICINE

5 members.

Clayton Loosli, L. A., Chairman
 Grace Bell, L. A. Don King, S. F.
 Eugene Farber, Palo Alto David Rubin, L. A.

NOMINATIONS

3 members.

Malcolm S. M. Watts, S. F., Chairman
 William P. Longmire, Jr., L. A.
 William Belford, San Diego

CONTINUING MEDICAL EDUCATION

5 members—including Chairman of Committee on Scientific Assemblies. Directors of Continuing Medical Education of Medical Schools to sit as consulting members. No more than one from any discipline.

Albert C. Daniels, S. F., Chairman
 Alonzo Neufeld, L. A. Donald Petit, L. A.
 Victor Richards, S. F. (Chmn. Committee on Scientific Assemblies)
 Antonio Franzi, S. F.

SCIENTIFIC INFORMATION

5 members.

L. H. Garland, S. F., Chairman
 Edmund Keeney, San Diego G. R. Biskind, S. F.
 Stuart Knox, L. A. L. S. Goerke, L. A.
 Alternate: Packard Thurber, Jr., L. A.

MATERNAL AND CHILD CARE

9 members—2 members of Scientific Board (1 pediatrics, 1 obstetrics).

Keith P. Russell, L. A., Chairman
 Herbert Holden, San Leandro
 Leland Blanchard, San Jose
 Saul Robinson, S. F.
 James Ravenscroft, San Diego
 Charles M. Blumenfeld, Sacramento
 Russell Mapes, Beverly Hills

CANCER

7 members—at least 3 members of Scientific Board.
 (To be announced)